

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE USA, INC.

NAIC (Group Code 3383 1238		ode <u>12326</u> Employe	er's ID Number	38-3240485
Organized under the Laws of	(Current) (Prior) Michigan		, State of Domicile or Port	of Entry	MI
Country of Domicile		United State	s of America		
Licensed as business type:		Health Maintena	nce Organization		
Is HMO Federally Qualified?	es[X]No[]				
Incorporated/Organized	02/18/1994		Commenced Business	s	02/18/1994
Statutory Home Office	3011 W. GRAND BLVD., SL	JITE 1600		DETROIT, M	II, US 48202
	(Street and Number		(C	,	Country and Zip Code)
Main Administrative Office		3011 W. GRAND E	LVD., SUITE 1600		
_	DETROIT MILLIE 40202	,	d Number)	242.07	4 7070
(City or	DETROIT, MI, US 48202 Fown, State, Country and Zip Code)		,	(Area Code) (Tele	
Mail Address	3011 W. GRAND BLVD., SUITE	1600		DETROIT, M	
Iviali Address	(Street and Number or P.O. Bo		,(C		Country and Zip Code)
Primary Location of Books and	Records	3011 W GRAND I	BLVD., SUITE 1600		
Timary Education of Books and			d Number)		
(City or	DETROIT, MI, US 48202 Fown, State, Country and Zip Code)		,	(Area Code) (Tele	
	own, otato, obunity and zip obdo)			(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	opinone (valueer)
Internet Website Address		THCM	II.COM		
Statutory Statement Contact	SARA JANE I				3-293-6466
sar	(Nam a.mcglynn@priorityhealth.com	ie)		, ,	(Telephone Number) 8-1391
	(E-mail Address)			(FAX N	umber)
		OFFI	CERS		
CHAIRPERSON	PRAVEEN GOPE THA	ADANI#	SECRETAR	Y K	IMBERLY LYNN THOMAS
TREASURER	NICHOLAS PATRICK (GATES#			
. <u>.</u>		ОТІ	HER		
PRAVEEN GOF	PE THADANI#		OR TRUSTEES M JASPERSON #		KIMBERLY LYNN THOMAS
KRISTA FELI	CIA POOLE		N RUSSELL#	N	ICHOLAS PATRICK GATES #
State of	Michigan	SS			
County of		-			
all of the herein described ass statement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require d respectively. Furthermore, the	ets were the absolute property of the exhibits, schedules and explanation reporting entity as of the reporting nnual Statement Instructions and Afferences in reporting not related scope of this attestation by the design of the explanation of	he said reporting entity ns therein contained, a period stated above, an accounting Practices an to accounting practic scribed officers also in	/, free and clear from any innexed or referred to, is a nd of its income and deduc ind Procedures manual exc es and procedures, accor cludes the related correspondence.	liens or claims ther full and true statementions therefrom for the ept to the extent that ding to the best opending electronic filing	d that on the reporting period stated above eon, except as herein stated, and that this ent of all the assets and liabilities and of the period ended, and have been completed at: (1) state law may differ; or, (2) that state if their information, knowledge and beliefing with the NAIC, when required, that is an oy various regulators in lieu of or in addition
PRAVEEN GOPE T			TRICK GATES SURER		KIMBERLY LYNN THOMAS SECRETARY
Subscribed and sworn to before day of	e me this		a. Is this an original b. If no, 1. State the ame 2. Date filed	filing?	

3. Number of pages attached......

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	707,849	0	0	0	140,540	567,309
0299999. Total group	707,849	0	0	0	140,540	567,309
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	707,849	0	0	0	140,540	567,309

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Dakton	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	85,618	0	0	0	0	85,618
0299999. Total Claim Overpayment Receivables	85,618	0	0	0	0	85,618
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	85,618	0	0	0	0	85,618

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece			ceivables Accrued	5	ь
	or Offset Du	ring the Year	as of December	31 of Current Year		
	1	2	3	4	Health Care	Estimated Health Care
	On Amounts Accrued		On Amounts Accrued		Receivables from	Receivables Accrued
		On Amounts Accrued	December 31 of	On Amounts Accrued		as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables					0	0
Claim overpayment receivables	599,682	11,476,540	0	85,618	599,682	783,837
, , , , , , , , , , , , , , , , , , , ,	,	, ,		,	,	,
Loans and advances to providers					0	0
Council and advances of provider						
Capitation arrangement receivables					0	0
4. Capitation attaingement receivables						0
5 Printed and the						0
Risk sharing receivables						0
6. Other health care receivables	-				0	0
7. Totals (Lines 1 through 6)	599,682	11,476,540	0	85,618	599,682	783,837

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Elixir						987,488
0199999. Individually listed claims unpaid	987,488	0	0	0	0	987,488
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	1,070,908					1,070,908
0499999. Subtotals	2,058,396	0	0	0	0	2,058,396
0599999. Unreported claims and other claim reserves						12,438,248
0699999. Total amounts withheld						
0799999. Total claims unpaid						14,496,644
				•		
			•			
				 		
0899999 Accrued medical incentive pool and bonus amounts						757,223

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adn	nitted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
0199999. Individually listed receivables	0	0	0	0	0	0	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2 Description	3	4	5
Affiliate Affiliate	Description	Amount	Current	Non-Current
0199999. Individually listed payables		0	0	0
0299999. Payables not individually listed		4,217,083	4,217,083	0
0399999 Total gross payables		4,217,083	4,217,083	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	5,037,837	3.7	7,700	30.6		5,037,837
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	5,037,837	3.7	7,700	30.6	0	5,037,837
Other Payments:						
5. Fee-for-service	611,724	0.5	XXX	XXX		611,724
6. Contractual fee payments	129,000,723	95.5	XXX	XXX		129,000,723
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	372,958	0.3	XXX	XXX		372,958
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	129,985,405	96.3	XXX	XXX	0	129,985,405
13. TOTAL (Line 4 plus Line 12)	135,023,242	100%	XXX	XXX	0	135,023,242

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
					•
9999999 Totals		0	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	·····					
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. DETROIT, MI REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE USA, INC.

								(LOCATION	١)	
NAIC Group Code 3383 BUSINES	S IN THE STATE OF					DURING THE YE	AR 2021	NAIC Con	pany Code	12326
	1	Comprehensive (Ho	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	34,784	10 , 118	24,666	0	0	0	0	0	0	
2. First Quarter	35,061	10,018	25,043							
Second Quarter	34,703	9,893	24,810							
4. Third Quarter	31,025	9,756	21,269							
5. Current Year	25,181	8,987	16, 194							
6. Current Year Member Months	386,198	116,467	269,731							
Total Member Ambulatory Encounters for Year:										
7 Physician	196,672	63,058	133,614							
8. Non-Physician	113,919	33,563	80,356							
9. Total	310,591	96,621	213,970	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	10,220	3,300	6,920							
11. Number of Inpatient Admissions	2,158	632	1,526							
12. Health Premiums Written (b)	145,831,950	46,409,364	99,422,586							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	144,981,044	46,066,095	98,914,949							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	135,023,242	38,362,466	96,660,776							
18 Amount Incurred for Provision of Health Care Services	134,598,784	37,759,732	96,839,052							



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. DETROIT, MI REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE USA, INC.

								(LOCATION	١)	
NAIC Group Code 3383 BUSINES	S IN THE STATE OF					DURING THE YE			pany Code	12326
	1	Comprehensive (Ho	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	34,784	10,118	24,666	0	0	0	0	0	0	
2. First Quarter	35,061	10,018	25,043	0	0	0	0	0	0	
3. Second Quarter	34,703	9,893	24,810	0	0	0	0	0	0	
4. Third Quarter	31,025	9,756	21,269	0	0	0	0	0	0	
5. Current Year	25,181	8,987	16,194	0	0	0	0	0	0	
6. Current Year Member Months	386,198	116,467	269,731	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	196,672	63,058	133,614	0	0	0	0	0	0	
8. Non-Physician	113,919	33,563	80,356	0	0	0	0	0	0	
9. Total	310,591	96,621	213,970	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	10,220	3,300	6,920	0	0	0	0	0	0	
11. Number of Inpatient Admissions	2,158	632	1,526	0	0	0	0	0	0	
12. Health Premiums Written (b)	145,831,950	46,409,364	99,422,586	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	144,981,044	46,066,095	98,914,949	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	135,023,242	38,362,466	96,660,776	0	0	0	0	0	0	
18 Amount Incurred for Provision of Health Care Services	134,598,784	37,759,732	96,839,052	0	0	0	0	0	0	

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by	Reinsured Company as	s of December 31 Current Vear
Nelligulative Assumed Accident and Health insulative Listed b	y italiibulaa Gollipaliy as	3 OI Decellibel 31, Cullelli Leal

1	2	3	4	5	6	7	8	9	10 Posonio Lighility	11	12	13
NAIC Company	ID	Effective	No. 20 CP day and	Domiciliary Jurisdiction	Type of Reinsurance	Type of Business	David and	Unearned	Unearned	Reinsurance Payable on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
······												
												
							-					
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······												
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9999999 - To	otals						[[

SCHEDULE S - PART 2

			verable on Paid and Unpaid Losses Listed by Reinsuring Company			
1	2	3	4	5	6	7
NAIC	ID	F#4:		Damiellian		
Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
		Annuity - U.S. A		Jurisdiction	Palu Losses 0	Oripaid Losses
		Annuity - 0.5. F Annuity - Non-U			0	
		Annuity - Non-C			0	
		Annuity - Anna			0	
	otal Life and A		Millidles		0	
		and Health - U	C. Affiliates		0	
			on-U.S. Affiliates		0	
		and Health - A			0	
				NY		
				NY	543,861	
		lealth - U.S. No			543,861	
		and Health - N	on-Amiliates		543,861	
	otal Accident				543,861	
			0899999, 1499999 and 1999999)		543,861	
199999. 1	otal Non-U.S.	(Sum of 06999	999, 0999999, 1799999 and 2099999)		0	
····	· · · · · · · · · · · · · · · · · · ·	· ·····				
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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
				Domi-					Reserve Credit	11	12		
NAIC				ciliary	Type of	Type of		Unearned	Taken Other			Modified	Funds Withheld
Company	ID	Effective		Juris-	Reinsurance	Business		Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
0399999.	Total General	l Account - Au	uthorized U.S. Affiliates				0	(0	0	0	0	0
0699999.	Total General	l Account - Au	uthorized Non-U.S. Affiliates				0	(0 0	0	0	0	0
0799999.	Total General	l Account - Au	uthorized Affiliates				0	(0	0	0	0	0
25364	13-1675535	11/01/2019	SWISS REINS AMER CORP	NY	SSL/I	CMM	343,269						
25364	13-1675535	11/01/2019	SWISS REINS AMER CORP	NY	SSL/G	CMM	507,637						
0899999.	General Acco	ount - Authoriz	zed U.S. Non-Affiliates				850,906	(0	0	0	0	0
1099999.	Total General	l Account - Au	uthorized Non-Affiliates				850,906	(0	0	0	0	C
1199999.	Total General	I Account Aut	thorized				850,906	(0	0	0	0	C
1499999.	Total General	l Account - Ui	nauthorized U.S. Affiliates				0	(0	0	0	0	0
1799999.	Total General	l Account - Ui	nauthorized Non-U.S. Affiliates				0	(0	0	0	0	C
1899999.	Total General	l Account - Ui	nauthorized Affiliates				0	(0	0	0	0	0
			nauthorized Non-Affiliates				0	(0	0	0		0
2299999.	Total General	I Account Una	authorized				0	(0	0	0	0	0
2599999.	Total General	I Account - Co	ertified U.S. Affiliates				0	(0	0	0	0	0
2899999.	Total General	I Account - Co	ertified Non-U.S. Affiliates				0	(0	0	0	0	0
2999999.	Total General	I Account - Ce	ertified Affiliates				0	(0	0	0	0	0
3299999.	Total General	I Account - Co	ertified Non-Affiliates				0	(0	0	0	0	0
3399999.	Total General	I Account Cer	rtified				0	(0	0	0	0	0
3699999.	Total General	I Account - Re	eciprocal Jurisdiction U.S. Affiliates				0	(0	0	0	0	0
3999999.	Total General	I Account - Re	eciprocal Jurisdiction Non-U.S. Affiliates				0	(0	0	0	0	0
			eciprocal Jurisdiction Affiliates				0	(0	0	0	0	0
4399999.	Total General	I Account - Re	eciprocal Jurisdiction Non-Affiliates				0		0	0	0	0	0
			ciprocal Jurisdiction				0	(0	0	0	0	0
			thorized, Unauthorized, Reciprocal Jurisdiction and Certifie	d			850,906	(0	0	0	0	0
4899999.	Total Separat	te Accounts -	Authorized U.S. Affiliates				0	(0	0	0	0	0
			Authorized Non-U.S. Affiliates				0	(0	0	0	0	0
			Authorized Affiliates				0	(0	0	0	0	0
			Authorized Non-Affiliates				0	(0	0	0	·	0
	Total Separat						0	(0	0	0	0	0
			Unauthorized U.S. Affiliates				0	(0	0	0		0
			Unauthorized Non-U.S. Affiliates				0	(,	0	0	_	0
			Unauthorized Affiliates				0	(0	0	0	· ·	0
			Unauthorized Non-Affiliates		·		0	(0	0	0	_	0
	Total Separat						0	(,	0		_	0
			Certified U.S. Affiliates		·		0	(•		0	_	0
			Certified Non-U.S. Affiliates				0	(0	0	0		0
			Certified Affiliates				0	(,	0	0		0
			Certified Non-Affiliates				0	(•		0	_	0
	Total Separat						0		0	0	0		0
			Reciprocal Jurisdiction U.S. Affiliates				0	(0	0	0	•	0
			Reciprocal Jurisdiction Non-U.S. Affiliates				0	(0	0	0		0
			Reciprocal Jurisdiction Affiliates				0	(0	0	0		0
			Reciprocal Jurisdiction Non-Affiliates				0	(0	0	0		0
			Reciprocal Jurisdiction				0	(•	0	0		0
			Authorized, Unauthorized, Reciprocal Jurisdiction and Certi				0	(0	0	0	0	0
9199999.			99, 0899999, 1499999, 1999999, 2599999, 3099999, 3699	999, 4199999, 48 9	9999, 5399999,	5999999,							
			999, 8199999 and 8699999)				850,906	(0	0	0	0	0
9299999.			99999, 0999999, 1799999, 2099999, 2899999, 3199999,	3999999, 429 9 999	, 5199999, 54 99	9999, 6299999,							
		99999, 76999	999, 8499999 and 8799999)				0	(0	0	0	0	0
9999999 -	Totals						850,906	(0	0	0	0	0

Schedule S - Part 4 **NONE**

Schedule S - Part 4 - Bank Footnote **NONE**

Schedule S - Part 5
NONE

Schedule S - Part 5 - Bank Footnote **NONE**

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	Five real E	Anibit of Reinsuran	ce Ceded Business	3	4	5
		2021	2020	2019	2018	2017
	A. OPERATIONS ITEMS					
1.	Premiums	851	718	687	710	621
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	544	306	279	287	517
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust		0	0	0	0
18.	Funds deposited by and withheld from (F)		0	0	0	0
19.	Letters of credit (L)		0	0	0	0
20.	Trust agreements (T)	·····	0	0	0	0
21.	Other (O)		0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	55,343,179		55,343,179
2.	Accident and health premiums due and unpaid (Line 15)	567,309		567,309
3.	Amounts recoverable from reinsurers (Line 16.1)	543,861		543,861
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	86,305		86,305
6.	Total assets (Line 28)	56,540,654	0	56,540,654
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	14,496,644		14,496,644
8.	Accrued medical incentive pool and bonus payments (Line 2)	757,223		757,223
9.	Premiums received in advance (Line 8)	660,934		660,934
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	9,173,391		9,173,391
15.	Total liabilities (Line 24)	25,088,192	0	25,088,192
16.	Total capital and surplus (Line 33)	31,452,462	XXX	31,452,462
17.	Total liabilities, capital and surplus (Line 34)	56,540,654	0	56,540,654
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	. 0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

Schedule T - Part 2 - Interstate Compact NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			Ĭ
											of Control	Control			Ĭ
											(Ownership,	is		Is an	Ĭ
						Name of Securities			Relation-		Board.	Owner-		SCA	Ĭ
						Exchange		Domi-	ship		Management,	ship		Filing	Ĭ
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	Ĭ
Croun			ID	Federal			Parent, Subsidiaries	,		Directly Controlled by		Percen-	Liltimate Controlling		Ĭ
Group	One we Name	Company			Olle	(U.S. or		Loca-	Reporting	Directly Controlled by	Influence,		Ultimate Controlling	quired? (Yes/No)	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	<u> </u>
3383	Priority Health	95561	38–2715520	0	0		Priority Health	MI	UDP	Spectrum Health System	. Ownership.	94.400	Spectrum Health System		ļ <u>1</u>
				0	0					Munson HealthCare	Ownership	5.600			ļ]
	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	MI	IA	Priority Health	Owner ship		. Spectrum Health System		9
	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	MI	IA	Priority Health	Owner ship.		. Spectrum Health System		Q
	Priority Health	95644	. 38-2018957	0	0		Total Health Care Inc.	MI	IA	Priority Health	Ownership	100.000	. Spectrum Health System		9
	Priority Health	12326	38-3240485	0	0		Total Health Care USA Inc.	MI	IA	Total Health Care Inc.	Ownership.	100.000	. Spectrum Health System		0
3383	Priority Health		84-2310771	0	0		Total Health Care Foundation	. MI	NIA	Priority Health	Board of Directors		Spectrum Health System		0
3383	Priority Health		. 38-2715520	0	0		PHMB Properties, LLC	MI	NIA	Priority Health	Ownership		. Spectrum Health System		0
	Priority Health		. 38-2663747	0	0		Trinity Health Plans	MI	NIA	Priority Health	Ownership		Spectrum Health System		0
3383	Priority Health		. 38-3085182	0	0		Priority Health Managed Benefits, Inc	MI	NIA	Spectrum Health System	. Ownership	100.000	. Spectrum Health System		0
				0	0		Spectrum Health Grand Rapids	MI	NIA	Spectrum Health System	. Ownership		Spectrum Health System		0
				0	0		Spectrum Health Big Rapids Hospital	MI	NIA	Spectrum Health System	. Ownership		. Spectrum Health System		0
				0	0		Spectrum Health Reed City Hospital	MI	NIA	Spectrum Health System	Owner ship		. Spectrum Health System		0
				0	0		Spectrum Health Gerber Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	. Spectrum Health System		0
				0	0		Spectrum HeatIh Ludington Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	. Spectrum Health System		0
				0	0		Spectrum Health Pennock	MI	NIA	Spectrum Health System	. Ownership		. Spectrum Health System		0
				0	0		Spectrum Health United Hospital	MI	NIA	Spectrum Health System	. Ownership		. Spectrum Health System		0
				0	0		Spectrum Health Kelsey Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	. Spectrum Health System		0
			.	0	0		Spectrum Health Zeeland Community Hospital	MI	NIA	Spectrum Health System	. Ownership	100.000	. Spectrum Health System		0
				0	0		Spectrum Health Continuing Care	MI	NIA	Spectrum Health System	Owner ship.	100.000	Spectrum Health System		0
				0	0		Spectrum HeatIh Medical Group	MI	NIA	Spectrum Health System	. Ownership	100.000	. Spectrum Health System		Q
				0	0		Spectrum Health Lakeland	MI	NIA	Spectrum Health System	Ownership.	100.000	Spectrum Health System		0
		1	1	1	1	1		1		[·			1	1	1

Aste	erisk	Explanation
1		Spectrum Health Systems (EIN 38-3382353), Class A Shareholder - 94.4%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.6%

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		FAIL 4	- SOMMINIAL		JUILLI J	INAMOAC	FIIOING VV					
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID.	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance	*	the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
							04 500 400				0	
12208	20-1529553	Priority Health Insurance Company	0	0	0	0	21,509,422				21,509,422	
05504	38-3085182	Priority Health Managed Benefits	0	0	0	0	(375,008,243)				(375,008,243).	
95561	38-2715520	Priority Health	0	0	0	0	280,545,337				280,545,337	
11520	32-0016523	Priority Health Choice, Inc.		0	0	0	47,725,563				47,725,563	
95644	38–2018957	Total Health Care Inc.		0	0	0	13,979,288				13,979,288	
12326	38–3240485	Total Health Care USA Inc	0	0	0	0	11,248,632				11,248,632	
·····												
9999999 Co	ontrol Totals		0	Λ	Λ	Λ	0	0	XXX	0	n	Λ
333333 00	Jilioi iolais		0	U	l 0	U	l 0	1		U	U	U

SCHEDULE Y

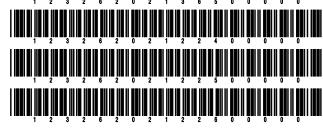
PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

PARI 3 - ULTIMATE CONTI	ROLLING PARTY AND LISTING OF O	THER U.S. INS	URANC	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING	PARTY'S CON	IROL
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of				Affiliation of
		Ownership	Column 2			Ownership	Column 5
		Percentage	Over			Percentage	Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
Priority Health	Spectrum Health System	94.400	NO	Spectrum Health System	Priority Health	94.400	
Priority Health Choice, Inc.	Priority Health		NO	Spectrum Health System	Priority Health	94.400	NO
Priority Health Insurance Company	Priority Health	100.000	NO	Spectrum Health System	Priority Health	94.400	NO
Total Health Care Inc.	Priority Health	100.000	NO	Spectrum Health System	Priority Health	94.400	NO
Total Health Care USA Inc.	Total Health Care Inc.	100.000	NO		Priority Health	94.400	NO
		-					
		-					
							·····

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions:

	following the interrogatory questions.		Responses
	MARCH FILING	·	. toopenood
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by		YES
2. 3.	Will an actuarial opinion be filed by March 1?		YES YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile		YES
5.	APRIL FILING Will Management's Discussion and Analysis be filed by April 1?		YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
	HINE ELLING		
8.	JUNE FILING Will an audited financial report be filed by June 1?		YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and e		YES
	The following supplemental reports are required to be filed as part of your annu-	ual statement filing if your company is engaged in the type of	business covered by the
	supplement. However, in the event that your company does not transact to the specific interrogatory will be accepted in lieu of filing a "NONE" rep but is not being filed for whatever reason enter SEE EXPLANATION and provid	the type of business for which the special report must be fill ort and a bar code will be printed below. If the supplement is e an explanation following the interrogatory questions.	ed, your response of NO
10.	MARCH FILING Will the Medicare Supplement Insurance Experience Exhibit be filed with the sta		NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile a	· · · · · · · · · · · · · · · · · · ·	NO NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state		NO
13.	Will the actuarial opinion on participating and non-participating policies as requibe filed with the state of domicile and electronically with the NAIC by March 1?		NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogate	ory 3 to Exhibit 5 to Life Supplement be filed with the state of	
15.	domicile and electronically with the NAIC by March 1?		NO NO
16.	Will an approval from the reporting entity's state of domicile for relief related to t	he five-year rotation requirement for lead audit partner be filed	
47	electronically with the NAIC by March 1?		NO
17.	Will an approval from the reporting entity's state of domicile for relief related to t electronically with the NAIC by March 1?		NO
18.	Will an approval from the reporting entity's state of domicile for relief related to t	he Requirements for Audit Committees be filed electronically	NO
	with the NAIC by March 1?		NO
	APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of		NO
20. 21.	Will the Supplemental Life data due April 1 be filed with the state of domicile an Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed		NO YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense		ILO
22	NAIC by April 1?	Date 4 and 0 be filled with the state of density and the	NO
23.	NAIC by April 1?		NO
	AUQUOT FU ING		
24.	AUGUST FILING Will Management's Report of Internal Control Over Financial Reporting be filed		YES
	Explanations:	That the state of definione by Adgust 1.	ILO
10.			
11. 12.			
13.			
14.			
15. 16.			
17.			
18.			
19. 20.			
22.			
23.			
	Bar Codes:		
10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		
	1.7. O	1 2 3 2 6 2 0 2 1 3 6 0 0 0	
11.	Life Supplement [Document Identifier 205]		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	1881 1 18 18 18 82 11 18 18 18 18 18 18 18 18 18 18 18 18	
		1 2 3 2 6 2 0 2 1 4 2 0 0 0	0 0 0
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]		
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]		
15.	Medicare Part D Coverage Supplement [Document Identifier 365]		
16.	Relief from the five-year rotation requirement for lead audit partner [Document	1	
	Identifier 224]		
			0 0 0
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]		
	F	1881 11 12 12 13 14 15 16 16 16 16 16 16 16	



18. Relief from the Requirements for Audit Committees [Document Identifier 226]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 19. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 20. Life Supplement [Document Identifier 211]
- 22. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -Parts 1 and 2 [Document Identifier 290]

